

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>09/644,817</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$ <u>130</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>							
		8 TO BE REFUNDED BY: <u>TS</u>									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>1</td><td>0</td><td>6</td><td>5</td></tr></table>			5	0	--	1	0	6	5
5	0	--	1	0	6	5					
	No Fee Due (Explanation):										
Fee unnecessary -											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B. W. W.</u>		TITLE: <u>ASTY</u>									
SIGNATURE: <u>JS</u>		PHONE: <u>305-9199</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>6-11-01</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>69/644 817</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$ <u>130</u>							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>130.00</u>							
		8 TO BE REFUNDED BY: <u>TS</u>									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>5</td><td>0</td><td>--</td><td>1</td><td>0</td><td>6</td><td>5</td> </tr> </table>			5	0	--	1	0	6	5
5	0	--	1	0	6	5					
<input type="checkbox"/>	No Fee Due (Explanation):										
<i>Fee unnecessary</i>											
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: <u>BILSON</u>		TITLE: <u>ASTY</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9199</u>									
OFFICE: <u>Petitions</u>											
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